

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17697

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BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5063 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Barton City Twp.</u>		c. CITY OR TOWN <u>Iantha</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11 years</u>		f. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			
3. NAME OF DECEASED (Type or Print) <u>NELS</u>		4. DATE OF DEATH <u>June 17, 1955</u>	
a. (First) _____ b. (Middle) _____ c. (Last) <u>NELSON</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 28, 1863</u>
9. AGE (In years last birthday) <u>92</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Ret.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweden</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Smith Nelson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Franklin Smith, Route 1, Iantha, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystitis & probably Pyelitis Jan 30, 1955</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Jan 30, 1955</u> , to <u>June 17, 1955</u> , that I last saw the deceased alive on <u>Jan 30, 1955</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. T. Bichel, M.D.</u>	23b. ADDRESS <u>Lamar, Mo.</u>		23c. DATE SIGNED <u>6/18/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>June 18, 1955</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home, Lamar, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles H. Chiles*

Licensed Embalmer No. *347*

P. O. Address *Lamar, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.